

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 701 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Miller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1516 Redgely St

Cause of Death, { First (Primary), Second (Immediate), } Dentition
Cholera Infantum

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Bethesda Cemetery

Date of Burial, June 29th

Undertaker, B. Hall

Place of Business, West Address, 602 S. Paca St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

702

Office of Registrar of Vital Statistics.

Ward

4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Louis Penniman (Penniman)

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

10

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

✓

Occupation,

B.C.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

19 Philpot St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Diarrhoea - Morasmus

As thetic

3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Emmanuel's Cemetery

Date of Burial,

June 28th 1887

Undertaker,

Fred Gaede

Medical Attendant.

Place of Business,

108 S. Caroline St.

Address,

226 S. B'dy

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

703

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27 "87

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

J. P. Wright

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

216 Courtland

Cause of Death,

{ First (Primary),

Second (Immediate),

Spasms

Congestion of brain

Duration of Last Sickness,

4 1/2 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Land Cemetery

Date of Burial,

June 28th 1887

Undertaker,

M. W. Bishop

Alexander Hill

M. D.

Medical Attendant.

Place of Business,

97 David Hill

Address,

223 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 704 Office of Registrar of Vital Statistics. Ward 202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Reeley Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 30 Years, — Months, — Days.

Color, Colored

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Chestertown Md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, { Give Street and Number. } 1425 Wilmer al.

Cause of Death, { First (Primary), Second (Immediate), } Consumption of the lungs
Asthenia

Duration of Last Sickness, 4 mns

All the above information should be furnished by the Physician.

Place of Burial, Chestertown

Date of Burial, June 28th 1887

{ Undertaker, Alex Hensley } Geo. S. King M. D. Medical Attendant.

{ Place of Business, 56 Orchard St } Address, 640 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4735 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 705 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1887

Full Name of Deceased, John Kraus { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 16 Months, 3 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Refinery

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1404 Williams St { Give Street and Number. }

Cause of Death, Cholera Infantum
Nervous Prostration
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 28th 1887

{ Undertaker, Christiansburg } J. B. Noble M. D. Medical Attendant.

{ Place of Business, 715 Light } Address, 301 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed, 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 706 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27, 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant, not named, give names of parents. } Phy. G. White.
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 4 Years, 4 Months, 14 Days.
Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Balto St

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since birth

Duration of Residence in the City of Baltimore, 373 S. Fulton St

Place of Death, { Give Street and Number. } 373 S. Fulton St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Cholera

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Kent Island

Date of Burial, June 29, 1887

{ Undertaker, S. M. Leonard M. D.

{ Place of Business, 1038 W. Baltimore Address, 1803 N. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4736 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

707

Office of Registrar of Vital Statistics.

Ward

7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Max M. Burdeman

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

White -

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give Street and Number.

1048 N Gay St

Cause of Death,

First (Primary),

Second (Immediate),

Convulsion

Duration of Last Sickness,

2 hours

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

June 29, 1887

Undertaker,

John W. Jackson

Place of Business,

153 N. Broadway

A. L. Yager

M. D.

Medical Attendant.

Address, 153 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 708 Office of Registrar of Vital Statistics. Ward 11^o

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27/87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth J. Stanford
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 85 Years, Months, Days
Color, white
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, none
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Co.
Duration of Residence in the City of Baltimore, 34 years
Place of Death, { Give Street and Number. } 903 N. Cullagh
Cause of Death, { First (Primary), Ad age
Second (Immediate), Exhaustion
Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park
Date of Burial, June 29th 1887
{ Undertaker, John J. Andrews
Place of Business, No 407 Duval Street } Address, 639 Franklin
M. D. [Signature]
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

709

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret McManis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, 3 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Wash. & Broadway Sts.

Cause of Death, { First (Primary), Second (Immediate), } Chondion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peters.

Date of Burial, June 28, 1887

{ Undertaker, Wm. H. Hickman. } I. C. Runch M. D. Medical Attendant.

{ Place of Business, 234 N. Gay. } Address, 571 St. Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 710

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Murray

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 36 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1026 E. Monument St.

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Hemorrhage
Paralysis

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th

{ Undertaker, Geo Schilling } H. T. Remond M. D.

Medical Attendant.

{ Place of Business, Ashland Square } Address, 422 Disque St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]